

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXIII.

THURSDAY, AUGUST 31, 1865.

No. 5.

TWO CASES OF DEATH FOLLOWING ANOMALOUS NERVOUS SYMPTOMS.

[Reported to the Boston Society for Medical Improvement, July 24th, 1865, and communicated for the Boston Medical and Surgical Journal.]

BY S. L. ABBOT, M.D.

CASE I.—*Supposed Coexistent Addison's Disease.*

THIS was a case of sudden death in a young lady, preceded by unusual symptoms. She was somewhat over 30 years of age, unmarried, and I was first summoned to her at 1, A.M., in the month of December last. The account given by her friends was, that having retired at night, apparently in her usual health, except that during the evening she had seemed rather listless and had reclined most of the time on the sofa, the family were aroused at midnight by the sound of frantic screams proceeding from her chamber. Hurrying to her apartment, her sister found her in a state of the wildest excitement, screaming violently, without any apparent cause, and throwing herself about her bed. On approaching the bedside, to use her own language, "she tore her clothes off of her." To all inquiries she gave no satisfactory answer, still it did not appear that she was suffering under any definite delusion; but her violent restlessness continued, accompanied by the same frantic outcries. By the time I reached her the severity of the paroxysm had somewhat abated, but she was still far from calm. She seemed to be in a semi-delirious condition, very much excited, without any apparent cause. She recognized persons about her, and answered questions, but her answers were given in an abrupt, impatient manner, in a loud tone of voice, so that she was repeatedly rebuked by her friends for her rudeness of manner in replying to my inquiries. When asked if she had any pain anywhere, or could explain in any way her condition, she roughly answered, "No, only I feel bad." The most searching questions failed to elicit any more definite reply. The family stated that the day previous she had been as well as usual, had eaten nothing out of the common course which might have caused indigestion,

VOL. LXXIII.—No. 5

and they had not attached any importance to her condition during the evening. She thought she had "taken a little cold."

It was learned that the patient had been taking, by the advice of her physician, for the past three months, Fowler's solution of arsenic, in three-drop doses, three times daily, for a discoloration of the skin which had given her much annoyance. I had not been particularly struck with this until my attention was called to it, as the lady was previously a stranger to me. The complexion was quite sallow, or brownish, uniform in tint on the face and neck and so much of the arms as was seen, and the hands. Subsequently I learned, from her physician, that this discoloration had existed for a year past, and was pretty general over the body, presenting a striking contrast to her healthy complexion, which was quite fair and ruddy. He had suspected Addison's disease from the first, and had been looking for grave symptoms for some time past. The patient had been at times dyspeptic, of late years, but not specially so of late. At her urgent solicitation, he had consented to her taking the arsenic, which had been recommended by a friend. None of the poisonous symptoms usually caused by this drug had manifested themselves, and he had thought the discoloration was somewhat less under its use. A remarkable circumstance connected with this symptom, if properly due to Addison's disease, was, that there had been no decided failure of strength. The patient was a person of great energy, much given to long walks, and thought nothing of a walk of seven or eight miles, up to the day of her death.

The condition of the patient, when I was called to her, seemed much like hysteria; the pulse was very little excited and there was no marked heat of skin; and as there was fluid extract of valerian in the house, I advised its administration, and at the end of an hour left her, somewhat less excited than on my arrival. At 7, A.M., I was summoned in haste, with the message that she was dying. On reaching the house, I was informed that she took a dose of the valerian and soon after fell asleep. Her manner of sleeping at last alarmed her friends, and they attempted to arouse her, but were unable to do so.

The patient was lying in a somewhat constrained position, with loud, stertorous breathing. Pulse 105, full and occasionally intermitting. Pupils acting fairly under the stimulus of light. Skin somewhat warmer than at previous visit—not remarkably so. On shaking her with some violence and calling loudly to her, she raised her lids heavily, without fully opening her eyes, but did not speak, and at once lapsed again into profound slumber. She resembled very much a person under the influence of a strong narcotic. Changing the position of the head relieved somewhat the stertor of her breathing. A consultation with her physician was held two hours after, but it was evident that the case was beyond the reach of remedies. At this time the pulse had fallen to 90, and was less full. She gradu-

ally sunk, and died at 3, P.M., about fifteen hours after the attack commenced. No autopsy was permitted.

The cause of death in this case is certainly most mysterious. If it is attributable to Addison's disease alone, the manner of death differs most essentially from the phenomena usually attending its closing scenes. There had been none of the remarkable prostration of strength usually accompanying this grave malady. Was it due to cerebral congestion supervening upon this complaint, ending in an apoplectic compression of the brain? If so, it is remarkable that at the commencement of the attack there were no subjective symptoms referable to the head. There was no headache, no marked heat of head, no convulsions, no local uneasiness anywhere. Uræmia may be suspected as the cause of death, and the cerebral symptoms were certainly in keeping with this supposition; the previous state of the urine was not learned, but there had been none of the other common symptoms of Bright's disease. Can the protracted use of Fowler's solution be chargeable with the death of the patient? If this is the case, the symptoms were certainly quite different from those usually produced by poisonous doses of this drug. Again, it might be suspected that death was caused by some narcotic. The circumstances seem to preclude the possibility of such a cause. The medicine administered was taken from a phial already in the house, a part of the contents of which had been used by the patient on previous occasions, and presented the unmistakable physical properties of a preparation of valerian. Finally, it may be asked, may an attack of hysteria, or of reflex cerebral excitement, lead to fatal coma? It is greatly to be regretted that the failure to obtain an autopsy leaves the answer to all these important questions shrouded in impenetrable mystery.

CASE II.—*Death following Gastric Symptoms, with supervention of Cerebral Symptoms.*

This was a case of nervous disease in a young woman, which in some of its features reminded me of the case above reported. The patient was about 22 years of age, and like the patient in that case was a stranger to me until I was summoned to her in her last sickness. This was on the 21st of June, at 10, P.M. She was a slender, delicate-looking person, with dark hair and eyes, and apparently of decidedly nervous temperament. She was complaining greatly of a sense of distress and soreness rather than pain, extending from one hypochondrium to the other, but mostly on the right, where there was great tenderness on pressure; this was accompanied by an overpowering sense of weakness. In fact, complaint was made more of the weakness than the other symptoms. Her friends stated that she had formerly been a stout, vigorous girl, but had been a good deal debilitated by excessive application at school in Nova Scotia, and had come to Boston two years since in search of improv-

ed health. Some of her symptoms had amended; severe dysmenorrhœa, from which she always suffered more or less, had disappeared, but she had lost considerable flesh since the time of her close application to her studies. She had never fully recovered her health, and was liable to slight attacks of indisposition. She had habitually suffered from attacks of intense headache, but these had been much less frequent during her residence in Boston. At times, also, the catamenia had been delayed.

On the 4th of the month the catamenia appeared, but were suppressed after showing but a slight trace. The suppression was attributed by her friends to fatigue, and perhaps a chill from washing clothes, a labor which she voluntarily assumed and against their remonstrances. The menses reappeared, however, at the end of a week, and went through their usual course. On the 15th of the month she became very much exhausted by over-exertion in household labor. She lost her appetite, and on the 18th began to complain of pain in the right hypochondrium, to which she had been subject at times. Having retired to bed early in the evening, she ate a few strawberries which her brother brought her before the usual hour for bedtime, and on the next morning ate a few more. No special discomfort followed, attributable to them. Anorexia continued, and as the bowels had not been moved for several days, on the 20th she took *ol. ricini, f 5 i., and tr. rhei c., f 5 ij.*, which had a moderate effect. Her other symptoms continuing, I was summoned on the evening of the 21st. There was no marked excitement of the pulse or feverish heat of the skin—the local distress and weakness, above mentioned, were the main symptoms. A sinapism was directed to be applied to the seat of pain, and she was ordered to take the following dose every hour until relieved: *Morphie sulph. sol., m xl.; sp. etheris sulph. c., m v.; aq. menth. piperitæ, m xv.* The medicine excited vomiting, but the patient was able to retain three doses, and on the following morning expressed herself as greatly relieved of the pain and soreness, but nausea continued, with a very urgent sense of weakness as before. The skin was sallow and the conjunctivæ had a yellowish tinge. **R.** *Hydrarg. cum cretâ, gr. v., magnesia calc., 3 ss., to be repeated in an hour if not retained on the stomach.*

22d, P.M.—Patient had vomited both doses. She was directed to take *hydrarg. cum cretâ, gr. ss., to be laid dry upon the tongue, and swallowed, if necessary, with a sip of water, to be repeated every hour until the nausea was relieved or there was some effect upon the bowels.*

A messenger from the patient toward midnight reported frequent vomiting, with the supervention of severe general abdominal pain. A sinapism to cover the whole abdomen was directed, with *morph. sulph., gr. 1-6, to be laid dry on the tongue every hour until relieved.*

23d.—Abdominal pain relieved, and the stomach considerably

more quiet, after retaining three doses of the morphia. There was great complaint of acid taste in the mouth, and frequent acid eructations. Very little nourishment had been taken for two days, and there was decided aversion to food. The patient was much annoyed by a troublesome itching at times on various parts of the body and extremities, which had begun the day previous. This was said by her friends to be accompanied in some places by a slight, temporary, papular elevation of the skin in small points without redness; in other places the pruritus was unaccompanied by any apparent change of the surface. The patient was heavy from the opiates, although she had not slept, she said, and the distressing sense of weakness continued. She was ordered to take iced brandy and water, iced milk in small quantities, and lime water for the acid eructations, *pro re natâ*.

24th.—Had slept somewhat during the night, but had been quite restless; the symptoms of the previous day had continued throughout the day. On attempting to arouse her this morning she seemed to be unconscious. At the time of visit the skin was cool, the pulse very little above the normal standard, of moderate strength. The patient could not be made to speak, but lay as if asleep. On raising the lids the pupils were found to be sensitive to the light, although acting somewhat less promptly than natural. The urine was passed involuntarily. The symptoms being of an anomalous character, suggesting very strongly hysteria, stimulants were directed to be continued, with beef tea and iced milk. In the middle of the forenoon the friends were much alarmed by what they called a "faint turn," from which she rallied on the administration of stimulants, which were however given with very great difficulty, and could be got down only in small quantities. The state of unconsciousness continued, and towards evening strong sinapisms were applied to the calves. The application of these was followed shortly by violent paroxysms of delirium, the patient throwing herself violently about the bed every few minutes and uttering the most frantic screams. Tincture of assafoetida and aromatic spirits of ammonia were given, and the stimulants and beef tea were continued by tea-spoonfuls as the opportunity offered, but with great difficulty, and very little was swallowed; at 10, P.M., the patient became quiet.

24th, Midnight.—Summoned in haste and found the patient insensible, breathing heavily, at intervals of about five minutes the breathing becoming rapid, spasmodic, loud and stertorous, accompanied by general rigidity of the whole body and limbs. The head was intensely hot, and the pulse was greatly excited. Ice water was applied to the head and sulphuric ether was administered by inhalation, with the effect to check the general muscular spasm, but the breathing continued as before, with frequent spasmodic exacerbations. The patient was left at 2, A.M., directions having been given to employ the anesthetic as occasion might require throughout the night.

25th, 5, A.M.—The patient had remained in the same condition throughout the night; there had been no general spasms, and the convulsive character of the breathing had gradually diminished. The head was much less hot, but the general surface was quite hot and the skin was bathed in profuse perspiration. Pulse small, feeble, very quick. Pupils much dilated and insensible to light. The patient gradually sunk, and died at 10 $\frac{1}{2}$, A.M. Dr. Charles Ware saw the patient in consultation at 7, A.M., but it was obvious that she was moribund. An autopsy could not be obtained, although most urgently requested.

After this young lady's death, it was learned from her friends that for the previous two years she had complained at times of pain in the region of the kidneys, accompanied by a turbid condition of the urine, which was of a milky appearance, and deposited, on standing, a whitish sediment. The quantity of urine at these times was not noticed to be abnormal, but the desire to pass it was noticeably less frequent than at other times. The patient suffered from almost constant leucorrhœa. Shortly before her last sickness, slight œdema of the feet had been noticed in the evening, making it difficult for her to draw on her boots. She had had no treatment for any of these symptoms. The urine at the commencement of the fatal attack was not seen, but was said to be turbid, reddish, of natural quantity; after the grave symptoms came on it was passed involuntarily, and could not be obtained for examination.

The same mystery hangs over this case as the first. The fatal nervous symptoms in both came on in an unusual manner, seeming like the result of reflex action, but passing into a condition like that produced by uræmia. The question also suggests itself, did purely reflex cerebral symptoms in these cases lead to fatal exhaustion and serous effusion within the cranium, as we see them occurring in young children after repeated convulsions of a reflex character? The failure to obtain an autopsy in either of these cases leaves them most unsatisfactorily incomplete. They are given in the hope that they may lead to discussion, or may be elucidated by the report of similar cases, of which the record may be more complete.

REMOVAL OF A CATARACT OF EIGHTY-THREE YEARS STANDING,
FROM A MAN NINETY-THREE YEARS OLD.

BY HENRY W. WILLIAMS, M.D., OPHTHALMIC SURGEON OF THE CITY HOSPITAL.

MR. W., of Vineland, N. J., was struck by a piece of stone in the right eye, when only ten years old; causing the formation of cataract.

When seen, on the 7th July, 1865, the field of the pupil was occupied by the capsule of the lens, most of the lenticular substance having been absorbed.

His left eye began to fail five years since, and its vision has become very imperfect. On examination with the ophthalmoscope the optic disc is seen to be irregular in its outline and much injected. Ill-defined whitish patches are seen upon the retina about the entrance of the optic nerve.

The other eye being in so unfavorable a condition, an operation was advised for the removal of the cataract from the right eye. This was done by puncturing the cornea with a broad needle, and introducing the canula forceps, with which the capsular cataract was seized and most of it withdrawn, leaving the pupil clear. He could count my fingers immediately after the operation.

The patient had a very little pain on the day succeeding the operation, but there was scarcely any injection of the eye, and all went on favorably. He returned home on the 16th August, at which time he could see large objects and tell the time by a watch with a glass of $4\frac{1}{2}$ inches radius, though he could not yet read ordinary print, in consequence of an attack of conjunctivitis in both eyes from exposure to cold; making it necessary to defer the choice of reading glasses.

I did not consider the great age of the patient as contra-indicating an operation; as I have many times operated for cataract on those between eighty and ninety, and with invariable success. The point of most interest in this case, was the conservation of power in the retina and optic nerve, notwithstanding eighty-three years of disuse.

ON A NEW REMEDY FOR DYSENTERY.

BY WILLIAM KERR, SURGEON, &c. &c.

TWELVE years ago, an accidental circumstance led me to attempt an improvement in the treatment of dysentery. Commencing with camphor and henbane, added to opium, I experimented on every officinal narcotic, coming to the conclusion, that of these the most efficient combination was one of opium, henbane, hemlock, stramonium and digitalis. I had cause to be better satisfied with this than with any previous combination; but from time to time failures or tardy success induced the conclusion that something was still wanting—that something, if to be found at all, was therefore to be discovered in plants not yet admitted into the *Pharmacopœias*. After a long search, *Cicuta maculata*, *Sium lineare*, and *Conio-selenium canadense*, indigenous to the swamps and woods of Canada, supplied the deficiency better than any others I happened to try. *Sium lineare* supplanted hemlock (*Conium maculatum*), on account of the combination containing the latter occasionally producing pain in the bowels and failing, while that with *Sium lineare* gave relief; and *dulcamara* supplanted henbane, as experience showed it to be better adapted to act beneficially along with the other members of the

combination. Its constituents when the investigation was concluded were as follows:—four officinal, viz., opium, stramonium, dulcamara, digitalis; three non-officinal, Sium lineare, Cicuta maculata, Conioselinum canadense. All are more or less narcotic; and digitalis, dulcamara, and Sium lineare are also diuretic. So many are necessary evidently from each possessing some peculiarity in the way in which it affects the system: the combined effect of these peculiarities being required to combat the disease.

Without opium the combination is slightly aperient, improves appetite, promotes sleep, and, according to experience gained in dysentery and other diseases, heals ulceration of the mucous membrane. In dysentery, opium is necessary apparently to check the frequent motions of the bowels, the strictly curative power depending chiefly, if not altogether, on the other ingredients. In infants generally, and also in a few adults, digitalis does not act favorably. In such instances I have substituted squills with great benefit. Adults generally require the combination with digitalis; of a very few infants the same may be said; and to many adults the combination with digitalis, or that with squills, may be given indifferently. Excepting opium, the part employed is the leaf. Digitalis and squills are combined in the proportion of half a part each—all the others in that of one part. For infants, opium is reduced to a half part. The usual dose to adults is six and a half grains, digitalis or squills being each half a grain, and all the others one grain each.

Between five and six years were spent in determining the components. Beginning with three, I never afterwards, either in adding or subtracting, changed more than one plant, till I had as fully as lay in my power ascertained the result of each change. In this manner I have experimented on thirty-two plants or their products. I have pulled down the combination and built it up again, and thus done my best to ascertain the necessity for each component. For upwards of seven years the combination has been used with very great success; but as my own experience may be suspected of being biased, I shall confine myself to the reports of others.

Dr. Brown, of Berlin, C. W., had a very severe attack, of which he published an account in the *Montreal Medical Chronicle* for December, 1858.

Of this paper the following is a copy, slightly abridged:—"In August last I was seized with epidemic dysentery. The usual remedies were promptly administered—opium, the quantity of which speedily rose to twenty-one and even twenty-four grains daily, together with mercury, acetate of lead, and ipecacuanha, but no amendment took place. I vomited incessantly, and, though tormented with thirst, could retain no fluid. In my case the effect of large doses of opium was prostrating and overpowering. I did not sleep, but could scarcely be said to be awake, except to the

consciousness of severe pain, agonizing tenesmus, and frequent vomiting. I had been ten days ill, nature was sinking, collapse was to be feared, when Dr. Kerr visited me. He immediately gave three and a half grains, or half a grain of each of the seven ingredients." (The recipe is here given by Dr. B.)

"I was very restless from a sensation of sinking and severe pain. In half an hour, after dosing a few minutes, I became aware of a great change. I could lie quiet; the distressing tenesmus was less, pain in the body and limbs less severe, the sensation of sinking relieved, a glow of warmth was supplanting the cold of threatened collapse, and an inclination to sleep, not before experienced during my illness, was stealing over me. The first thought was amazement at the change, then a faint recollection of a new medicine crossed my mind, and I resigned myself to its influence. I was immediately asleep, and for an hour and a half had a comfortable and refreshing sleep, unaccompanied, comparatively speaking, with sensorial disturbance. When I awoke all the symptoms were relieved. Seven grains were given every six hours; but the quantity of digitalis being too great, this drug was reduced from a full to a half proportion, making each dose six and a half grains, which were given every four hours.* I spent twenty-four hours almost wholly in sleep; calls to rise were still frequent, but the tenesmus was less severe, and, though I retched a few times, vomiting ceased. In a few days appetite began to return.

"During twelve years' practice, I never in the treatment of dysentery met with a narcotic to be compared with Dr. Kerr's combination, in relieving general irritability, pain, and, above all, nausea and vomiting. It produces a wonderful degree of comfort, unattended by sensorial disturbance. From thirty minutes after the first dose was taken my suffering was comparatively nothing. Little hope was entertained of my recovery previous to the first dose, but became sanguine before I had taken the third."† Dr. Bingham, Dr. Brown's medical attendant, in a supplement, vouches for the accuracy of the narrative, and relates six confirmatory cases from his own experience.

Dr. Bingham, supplied with medicine by me, treated successfully the sporadic cases which occurred in the following years:—In August, 1862, he, with Dr. Bell, by this time his partner, applied to me, making the following statement:—Dysentery had broken out epidemically in their locality, but not having any of my medicine, they had treated it with the usual remedies; a woman had died the preceding evening, her husband was dangerously ill, and other two were apparently dying. Furnished with a supply, they hastened to

* Prior to this all the ingredients were equal.

† The possibility of any future report from Dr. Brown was cut off by his accidental death a few months afterwards.

their patients. The husband just mentioned, though previously ill for five days, was relieved in less than an hour, and had a rapid recovery. One of those believed to be dying recovered readily, though upwards of seventy years of age; the other died, time to administer only a single dose being afforded. During the remainder of the epidemic there was not a death, though, judging from the severity of the attacks, six or seven would have proved fatal under the ordinary treatment. In the autumn of 1863, dysentery was again epidemic at Ayr, C. W., where Drs. Bell and Bingham resided. Without delay they applied to me for medicine, and treated successfully every case; while the only other medical gentleman in the same village adhered to the ordinary treatment, and out of a smaller number of patients lost five by death.

Dr. Mackintosh, of Hamilton, C. W., has employed the combination in dysentery since 1861, and in all cases with success. From his notes I give the following, on account of the epidemic and generally severe character of the attacks:—

“ 1864, 15th July.—A child, four years of age, seized two days ago, bloody stools every half hour, accompanied with vomiting and severe pain. Applied hot fomentations, and gave three grains of the squill combination with opium every four hours. These were speedily followed by relief; the child had a pretty good night, and on the 19th is reported quite well.

“ 17th July.—A girl in the same house, nine years of age, was seized during the night with severe dysentery. Applied hot fomentations, and gave five grains of the digitalis combination with opium every three hours. Immediate relief followed, and next day she was convalescent. Six doses in all were given.

“ 22d July.—A boy, seven years of age, seized yesterday, and now severely affected. Gave three grains every three hours, and by evening he was much relieved. Nine doses completed the cure.

“ 6th August.—A man, aged thirty, attacked during the night with rigors and vomiting, followed by dysentery. In the morning seven grains were given every three hours. In two days he was quite well.

“ 12th August.—A man, aged sixty-four; bloody motions every half hour, with nausea. Same doses given as to last patient; next day almost well.

“ 15th August.—A woman, aged fifty-six, during the night was attacked with severe dysentery. Same doses given. By evening was much better; and by the third day complained merely of weakness.

“ 17th August.—A woman, suddenly seized with very severe dysentery, visited shortly after; she was then cold and faint, and stools passed without control. Gave seven grains of the digitalis combination, with one fourth of a grain of morphia (instead of opium),

every two hours. After the third dose relief was so great that morphia was altogether omitted, but seven grains of the other combination were continued thrice a day.

"19th.—Almost well."

Dr. Philip, of Galt, late assistant surgeon H.M. 18th Regiment, has furnished me with the following statement:—"Your remedy was administered by me in six severe, besides a number of slighter cases of dysentery during the autumn of 1862. Relief was uniformly obtained after one or two doses, and recovery completed within a few days. One of the cases was characterized by profuse sanguineous discharge, and, occurring in a delicate female, would probably have proved fatal but for the timely administration of this medicine. In contrasting the success of treatment in these instances with the fruitless and unfortunate attempts made by myself and others at relief in the severe dysentery of the Crimea, it is impossible not to be struck with the readiness and efficacy of this remedy. Every known system of treatment, I believe, was tried, and the medical history of the campaign shows with how little benefit. Many of the cases which in the Crimea ended fatally were not apparently of a more severe character than some of those which yielded rapidly to your medicine."

Dr. Merritt, who at the time the following occurred was chief of the Medical Department of the Confederate Army of the Mississippi, thus writes to me:—"In August, 1863, when in charge of Camp Jackson, I came into possession of a quantity of your medicine for dysentery. The rapidity of relief and of cure was exceedingly striking. The men were on their feet in a few days, and in the worst cases I did not give more than eight doses of six grains each. My supply lasted ten days, and was administered to about sixty patients, only one of whom died. For some time before I obtained the medicine the deaths ranged from one to three daily, and as soon as it was all expended the mortality resumed the same rate."

A child of the Rev. Mr. Robb, Calabar, Western Africa, in the latter part of July, 1863, was seized with dysentery. At this time the favorite treatment at the mission was large doses of ipecacuan; but this illness resisted every prescription of Dr. Hewan, the medical attendant. By the middle of August the child became so reduced, and death so impressed on the visage, that recovery was regarded by all to be hopeless. At this juncture the parents recollect a packet of the combination which I had given to them. After the second dose the child awoke from a refreshing sleep, easy and tranquil, and the medicine being continued, recovery went on rapidly, without a single untoward symptom. A second attack of dysentery, a few months afterwards, was stopped in a single day. A native African was cured of what threatened to be a severe illness by ten doses.

Fifteen medical men besides myself have used this combination

in dysentery; it has been given in the warm region of California, amid the privations and discomforts of a camp in the hot summer of the Southern States, at sea on the Atlantic, in the tropical and pestilential climate of Calabar, and there is a remarkable uniformity in the testimony of all. Relief generally in an hour, restoration to health in a few days, and the great majority cured within a week. A few cases were a little tedious, and a still smaller number lingered for three or four weeks; none lapsed into chronic dysentery; and out of about *four to five hundred patients*, though several of the attacks were very severe, as severe as some of the reporters had ever witnessed, *only four died*. One of these was a delicate child; the second, an infant on whom the medical attendant had previously exhausted all the ordinary medicines; and the third and fourth have not been specially reported to me. I have been told of some instances, and a few have occurred in my own practice, of that generally fatal variety of dysentery characterized by profuse bloody discharges, usually attended with severe pain, all of whom were cured without difficulty. The combination fails in chronic diarrhoea, possibly because this disease is usually unaccompanied by lesion of the mucous membrane. I have not seen or had reported to me any disagreeable effect from this remedy, though, judging from the character of its constituents, such is possible, were the doses unreasonably large. The *medicinal power* is certainly greatly increased by the combination, but not the *poisonous*. Relief speedy and great of pain, far sounder and more refreshing sleep than that from opium, and cessation of discharges, are the usual effects. The nearly uniform success has not given either my correspondents or myself opportunities of trying the treatment by large doses of ipecacuan.

In the course of my experience, several persons afflicted with chronic dysentery have been restored to health—some by the combination containing opium, others by that without. Dr. Ogden, lecturer on *materia medica*, Toronto, tells me of a case of acute dysentery where, from idiosyncrasy, opium disagreed, but which was speedily cured by the combination, leaving out this drug.

Cases of cholera infantum have been reported to me by medical friends as treated successfully by the combination containing opium. Of summer cholera I select the following on account of its severity. A young man was seized during the night, and visited by Dr. Bingham in the morning. At this time he was violently cramped, skin cold and clammy, voice husky, and pulse feeble. Eight grains of the combination containing opium were given; from this time he vomited no more, a glow of warmth (as in Dr. Brown's case of dysentery) supplanted the cold of threatened collapse, and cramps rapidly abated in severity, though all day he had muscular twitchings. Four more doses completed the cure. Summer cholera has been for some years a rare disease, but all treated by my medical correspondents or myself have readily recovered.

In conclusion, I beg to suggest the medicine now recommended as worthy of a trial in Asiatic cholera. If a remedy for this disease is ever to be found, it clearly must be one which shall take almost immediate effect.—*Edinburgh Medical Journal.*

Doon Grange, near Galt, Canada West, 5th April, 1865.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

JULY 10th.—*Monstrosity.*—Dr. JACKSON reported the case of a five months' fetus that he had recently examined. The kidneys were wanting; the renal capsules being fully if not largely developed, and in their usual situation. A similar specimen is in the Society's Cabinet. Dr. J. remarked that these two cases showed not merely the well-established fact of the independence of these organs; but, the subjects being plump and well developed, however malformed, they showed that the kidneys are comparatively unimportant in intra-uterine life, though we know very well how actively they often secrete. The bladder would not have contained more than two drops of fluid.

The anus was imperforate, and the rectum opened freely into the bladder, such as it was; an opening which, as Dr. J. has often remarked to the Society, he has always found in ordinary cases of imperforate anus in the male subject. One hypogastric artery was wanting, as is not very unfrequently the case in monstrosities; otherwise the fetus, internally, was well formed.

The pelvis and each of the extremities were malformed. The right hand was flexed to an acute angle upon the fore-arm, and the left fore-arm to a right angle upon the arm; but, though they could not be in the slightest degree any further extended, the muscles yielded completely as cadaveric change came on. The pelvis was greatly distorted and laterally compressed; sacrum largely open posteriorly, as in spina bifida, and the coccyx turned sharply backwards upon itself. But the most remarkable malformation was an absence of the upper ramus of the pubes upon the left side; the foramen ovale being thus converted into a deep notch or fissure. The right acetabulum was very shallow, and the capsular ligament being consequently elongated, there was great mobility of the joint, and a partial dislocation was very easily accomplished and reduced; the most normal position of the limb seeming to be a state of eversion, with a marked tension of one or more of the long muscles upon the front of the thigh. The left acetabulum was so shallow that it could hardly be said to exist; and, instead of being in its usual place, it was situated very near to the inferior spinous process of the ilium. The leg was so strongly curved upon itself that the sole of the foot lay in close apposition to the inner and lower surface of the thigh. The patella was wanting. The fibula was broad and stout, and by measurement about one fourth shorter than that of the other leg. In the place of the tibia there was only the lower cartilaginous epiphysis, and this was connected by a short fibrous band with the inner condyle of the femur.

The lower extremities had been dissected and prepared by Dr. Hodges, and the specimen, which was exhibited and described by him, is to be preserved in the Cabinet of Harvard Medical School.

Dr. J. spoke of the phimosis that existed as being the normal condition of the fetus, and said that he should not have referred to it if it had not been remarked upon, when the specimen was handed to him, as one of the malformations. He also spoke of the absence of the posterior fontanelles as another normal condition of the fetus during the latter months of pregnancy; the age of this subject, however, being only about five months. He had examined the cranium very carefully; and the specimen, having only been dried within a few days, will be shown at the next meeting.

JULY 10th.—*Effectual Remedy for Prolapsus Recti.*—Dr. ABBOT said that he had found that the very annoying complaint, prolapsus of the rectum in adults, could be relieved by a very simple process. Many forms of apparatus, bandages, dumb-bell plugs for the anus, &c., had been recommended and to some extent worn by those unfortunate victims of this complaint who could not bring themselves to the chances of the operation for removing the prolapsed part, an operation in unskilful hands by no means certain in its results or wholly unattended with danger. For the last four years he had often found the following simple method of treatment to furnish a complete palliative to this troublesome affection. After the bowels are evacuated, a strip of ian-glass plaster is to be applied lengthwise between the nates completely across the anus and extending a little beyond it each way. Dr. Abbot preferred Robbins's adhesive plaster for this purpose, as being spread on cotton cloth it is more substantial than those preparations of similar plasters spread on silk. The prolapsed rectum is to be reduced, the nates slightly separated, and the plaster is to be applied as directed, and held for a few moments until it adheres firmly. When properly adjusted it will in most instances remain until the next evacuation of the bowels, keeping up the intestine perfectly, so that the wearer is entirely unconscious of his infirmity. Occasionally, in violent exercise or during the hottest weather, it may become displaced and may require renewal. Under such circumstances it is well to apply a second strip of plaster of the same size over the first, to give it more body and firmness. The plaster need only be of the width of the space between the nates and long enough to fairly cross the sphincter; a piece from an inch and a half to two inches long, by three quarters of an inch to an inch wide, is usually large enough. If too long or too wide, the ends or edges are apt to get turned up in walking and the plaster to be displaced.

In these cases the prolapsus seems due in the main to a simple mechanical action produced by a fold of the mucous membrane or a haemorrhoid, which, getting into the anus, acts as a wedge and opens the way for a greater or less protrusion, which becomes excoriated and irritated, causing unceasing discomfort to the patient. A muscular weakness of the sphincter is probably one of the conditions, as in many of them the intestine only comes down when the patient is fatigued and has been long on his feet. The sphincter is completely reinforced by the simple process described.

One of the patients, a lady, relieved by this method, declared that

the relief was so complete that she should not have known by her sensations that she was suffering from this infirmity. She had been obliged for years, when using any exercise, to wear an india-rubber ring within the anus, to distend the rectum so that it might not come down. Occasionally the ring slipped out, exposing her to no little annoyance and discomfort.

A second patient, also a lady, a confirmed invalid, a victim to chronic rheumatic arthritis, compelled to pass her weary days in a chair, after suffering positive torture from the tenderness and excoriation of a prolapsed rectum for months, was entirely relieved by the method above described. It seemed to operate, as she said, "like magic."

A third case was that of a lady who had suffered from this complaint fifty years, and who always wore a bandage, to support the bowel as much as possible. She found similar benefit from this simple application. In spite of the thick bandage around the hips and between the thighs, the intestine protruded in a tumor as large as a hen's egg, was constantly excoriated, bleeding and tender, pouring out abundant slimy mucus. When the patient stood up after the application of the plaster, the bandage having been entirely removed, she exclaimed, "Why, I should not know there was anything the matter with me!"

It remains only to add that the plaster is as easily removed as it is applied, by stripping it off from one edge to the other. A plaster of isinglass or a similar substance, requiring only to be moistened to make it adhesive, is obviously better than one made of pitch or any substance requiring the action of heat. It is highly probable that a persevering application of astringents to the prolapsing bowel, in connection with this method of keeping it within the anus, would in time effect a radical cure in some of these cases.

JULY 10th.—*Bromide of Potass in Epilepsy.*—Dr. ANBOR mentioned the case of a gentleman who for the past ten years had suffered from attacks of epilepsy, in which he had employed this remedy with the best effect. The fits were of great severity, usually coming on at intervals of about a fortnight of late, sometimes two or three occurring in twenty-four hours. The patient was of such a peculiar disposition, and so uncomfortably situated in his domestic arrangements, that he could not be relied on to follow out any system of diet persistently. He was advised, on the 15th of March last, to try the bromide of potass in twenty-grain doses three times a day. At the end of two weeks he discontinued the remedy of his own accord, and had one or two fits. In a few days he was induced to resume it, and he has faithfully continued its use since without a single recurrence of the fits. He has taken about forty grains twice daily. On two occasions he has had very slight mental confusion without loss of consciousness. During this time his diet has not been specially restricted, except that it is simple, as it always has been. He is unconscious of any unpleasant effect from the remedy except a very copious papular eruption on his body. [At the time of writing this, Aug. 24th, there has been no return of the fits.]

JULY 10th.—*Double Pneumonia; Recovery.*—Dr. PARKS reported the case.

The patient was a lady 67 years old, of strong constitution, but

somewhat run down by over-exertion. She had not been exposed to cold. The attack began with chills and fainting. On the fourth day nearly the whole of the right lung was solidified posteriorly. The same day rales were heard in the left lung, which also gave the physical signs of hepatization throughout nearly its entire posterior portion on the sixth day. The respiration continued vesicular at the upper part of both lungs in front, through the case. The patient was delirious on the third day. On the tenth day the patient was mending, and in two weeks she was out of danger. The expectoration at first was bloody, afterwards dirty rather than rusty, and then became white and frothy. The *crepitus redux* manifested itself in due course. The treatment was expectant—opiates at the outset, diet nourishing, with stimulants.

JULY 24th.—*Hydro-nephrosis*.—Dr. JACKSON showed the specimen, having received it from Dr. J. C. Neilson, of Charlestown. If inflamed, the kidney would have been not very far from the usual size. No trace of renal substance was visible to the naked eye; though upon the inner surface some slight irregularities were seen, being all that remained of the infundibula. The ureter arose abruptly from the cyst, was proved to be pervious throughout, and was rather smaller than natural.

Dr. N. found the cyst to contain about a wine-glassful of liquid that resembled urine; and the other, or left kidney, to be about three times its usual size. The patient, a healthy woman, 66 years of age, had "never suffered from disease in any form," so far as Dr. N. could learn, and died at last from strangulated hernia.

Dr. J. remarked that though this disease of the kidney is by no means rare, he did not remember to have ever before examined one in which some trace of the substance of the organ was not to be seen. The enlargement of the other organ is what we should expect to find, and it is said, in fact, to be often if not generally found; Dr. J. has met with it, but scarcely ever. The cause of the dilatation in these cases Dr. J. remarked upon; it may be a mechanical obstacle to the flow of the urine, depending upon some one of the many diseases to which the pelvic organs are liable; but in a large proportion of cases, so far as he has seen, no cause whatever could be assigned. The one above reported belongs to this last class; for though Dr. N. does not state whether there was or not any pelvic disease, it may be inferred that if there had been any such it could have had no influence as a cause of dilatation of the kidney, as the dilatation did not extend to the ureter; and the other ureter, moreover, it may be presumed, was of natural size.

JULY 24th.—*Diphtheria*.—Dr. W. E. TOWNSEND reported the following. On Friday, July 14th, he was called to a house on the seashore at Manchester, Mass., to see a child 2 years and 2 months old. He was told that on the Sunday preceding, the child, whilst playing on the beach, and apparently in full health, complained of being tired and sleepy, and on being taken home began to vomit; this continued for a day or two, giving no alarm, as it was thought to be a febrile attack only. A physician in the neighborhood was then called in, who pronounced the case diphtheria. When Dr. T. saw the child, the throat was greatly swollen externally; there was a free discharge from the nose; the tonsils were swollen, and covered with a white,

pasty substance ; there was great difficulty in swallowing, and everything in the way of medicine or food was at once rejected. The child had been treated with chlorate of potash and muriate of iron, given internally and applied with a brush to the tonsils, a poultice of oatmeal and whiskey around the throat, and all the broth and stimulants that he could be induced to take. Dr. T. advised beef-tea injections, which were given, but the patient died that night. All the other children appeared well ; two of them, a boy of 8 and a girl of 10, slept in an inner chamber, opening from the one in which the child died.

On Sunday afternoon, Dr. Townsend was called to the South End, and found the whole family returned to town that afternoon, in carriages, and that the two children abovementioned were sick, the girl much the worse. They had been taken on Friday night with vomiting and sore throat. Ice and chlorate of potash had been used freely. The girl was much exhausted by loss of sleep, the journey, and constant vomiting. Dr. T. prescribed an eighth of a grain of morphia in hopes of quieting the vomiting and giving her some rest. Directions were also given for stimulants to be used as soon as the stomach would bear them. After taking the medicine she seemed more comfortable, and slept during the first part of the night. At 2, A.M., she started up, asked for water, which she drank eagerly, laid down, and died instantly. The boy, a smart, intelligent little fellow, soon learned to gargle his throat, which he did persistently every hour when awake, with a solution of chlorate of potash (a drachm to eight ozs.), and immediately afterwards swallowed a mouthful of the same. He also eat ice, and took ten drops of tincture of muriate of iron every three hours. Beef tea and milk punch were also given freely. His case commenced with a white patch on the right tonsil, which, on the next day, extended to the other side. The glands were not much swollen externally, he had no discharge from the nose, nor did he vomit after the second day. His case progressed favorably, and by Saturday his throat was clear, and he felt well.

On Tuesday night, one of the three other children (who had been kept apart from the sick, and who all slept in one room, in the upper part of the house) was taken with vomiting, and complained of his throat. This child was 4 years and 2 months old, and had always large tonsils. On examination of his throat, the next morning, Dr. Townsend found it apparently nearly filled with the swollen tonsils, but no appearance of lymph was seen. He hoped this case would prove only to be a case of sorethroat ; and, in fact, the child seemed to do well under the same treatment as the last, with the exception of the gargling, which he was not old enough to practise. But on Thursday lymph began to show itself on the tonsils, and he refused to swallow ; still there was no swelling of the external glands, but a discharge from the nose commenced. On Friday morning the glands were somewhat swollen, and he appeared more restless. By noon he re-commenced to take drinks, and at the evening visit drank nearly a wineglass of wine and water, easily. He also took broth. His breathing, throughout, as in all the other cases, was good ; he looked badly, however, in the face, and died that night. The other two children have not been attacked ; neither have four adults who were in the family had any sorethroat, though a neighbor who was kind enough

to come in and assist the afflicted parents had a bad sorethroat for a day or two afterwards, which yielded readily to remedies.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, AUGUST 31, 1865.

SOCIAL SCIENCE.—We have always considered it one of the first duties of our office to awaken an interest on the part of our readers in all questions of social reform, and have constantly endeavored to expose and correct, as far as possible, those faults in our common life which particularly affect the sanitary condition of our race. The frightful sins of infanticide and abortion, the deplorable ignorance of the laws of health manifested in our dress, in over-work, over-study and infant mortality, and in the ventilation and overcrowding of our dwellings, the disposal of our sewage, the want of public baths, the neglect of vaccination, the adulteration and insufficient supply of food; these are some of the subjects which we have considered from time to time in our pages, and which, we need not here repeat, are of the highest importance, not only to the individual now, but to our national existence hereafter. The public press has always been so much absorbed in the discussion of the political and moral questions of the country that it has entirely forgotten how much these are influenced by the physical condition of the people, and our own profession, the natural guardian of such interests, has hitherto devoted its energies rather to remedy the evils of disease than to prevent them. It is, moreover, wanting in executive ability, and seldom urges to a practical test the measures of sanitary reform, of which it alone can comprehend the wisdom and necessity, or uses the proper means to enlighten the public concerning them. We do not sufficiently maintain our influence with the people by directly instructing them, as we ought, in the laws of health, but remain content with the communication of our knowledge to each other. Efforts have, it is true, been made to popularize such information in our country, and the lively interest felt by all the educated classes of society in the National Sanitary Association before the rebellion, showed how important they esteemed, and how willingly they would receive the public teachings of our profession. That society no longer has an active existence, and now that peace allows us once more to turn our whole thoughts to the amelioration of our race, we welcome any attempt to organize a similar association amongst us.

Such an undertaking, we are happy to inform our readers, is now under consideration by gentlemen of this city, and a circular has been issued to those interested in philanthropic measures by the Board of State Charities, asking their advice and coöperation. It is not intended, however, to limit its objects to so narrow a field as that of the Association above mentioned, but to make it, in fact, a State and national association for the promotion of all departments of social science and reform, like that of the same name in England; an organization which has been in active operation for nine years, which includes

among its officers and members the most eminent men of all the learned professions in that country, and the printed transactions of which contain the most valuable practical papers and discussions on subjects connected with national prosperity that have ever been published. Like this, it is proposed that the object of the association here shall be "the discussion of those questions relating to the sanitary condition of the people, the relief, employment and education of the poor, the prevention of crime, the amelioration of the criminal law, the discipline of prisons, the remedial treatment of the insane, and those numerous matters of statistical and philanthropic interest which are included under the general head of 'social science.'" It has been suggested "that a local society should be established in every State in which there shall be sufficient interest taken, and that these societies shall all be represented annually, in a National Convention of the League, the proceedings of which shall be published, along with such contributions from the local societies as may be selected." The preliminary meeting for organization will be held in this city on the first Wednesday of October, when the general objects contemplated in the plan will be publicly announced and papers on special subjects will be read.

How large is the field of opportunities awaiting the labors of such a body, and how much more may be accomplished in investigation and reform by the systematic efforts of its members, aided by the authority which must attach itself to such an association, than by individual workers in the same paths of philanthropy, will be comprehended at once. Our profession will recognize how deeply it is interested in its success, how important the part it will be called to play in its proposed labors, and the long-needed opportunity it affords of addressing the public on such essential points of hygiene as those above mentioned. We trust, therefore, that it will at the outset take that lead in the organization and direction of the association for which it is so peculiarly fitted.

FOREIGN MEDICAL INTELLIGENCE.—Mr. Lawrence, so long Senior Surgeon of St. Bartholomew's Hospital, London, has resigned his position. The *Lancet* says he has tenaciously held his office in spite of all the warnings of age and the representations of his best friends, and wished it could have recorded his retirement under circumstances which might have justified a warmer tribute to his unselfishness and sense of public duty. Mr. Wormald, President of the Royal College of Surgeons, succeeds him.

Prof. Malgaigne has been obliged by ill health to resign his surgical chair at the Faculty of Medicine of Paris.

Sir William Hooker, the eminent English botanist, is dead.

Prof. T. H. Huxley has been appointed Fullerian Professor of Physiology at the Royal Institution of Great Britain.

Dr. Julius Klob has received the appointment of Extraordinary (ausserordentlich) Professor of Pathological Anatomy at the University of Vienna.

Dr. Carl Pagenstecher, the well-known oculist, recently died at Elberfeld.

During the period 1835-63, according to M. Boudin, 2238 persons were struck by lightning in France. Twenty-five per cent. of these were killed under trees.

M. Edward Robin, in a communication to the Academie des Sciences, proposes to diminish the activity of respiration without diminishing the quantity of air entering the circulation, by the administration of large quantities of coffee, or anti-putrid substances, which by their combinations with proteic matters give rise to compounds which are not destructible by oxygen in the moist state. This method is to effect the following results:—1. To diminish the urgency of respiration so as to render anesthesia less dangerous. 2. The production of artificial hibernation in mammalia. 3. The induction of fattening without the supply of fat or its materials. 4. The adjustment of alimentation in hot countries. 5. The diminution of the inconveniences of insufficient nutriment. 6. The diminution of the danger of surgical operations.

In addition to the new epizootic disease, so fatal at the present time among the cattle in England, scarlatina is killing pigs very rapidly in Ireland. The eruption is so thick and highly colored that the sufferers are called "soldiers." Death comes on very quickly; the brain being found congested and all the vessels overcharged. The disease has long been known in France, and was very fatal in Ireland twenty-five years ago.

By order of the War Department, Dr. Abraham M. Wilder, Surgeon U. S. Volunteers, and Dr. B. B. Breed, of Lynn, have been promoted to the rank of Lieut.-Colonel by brevet, for meritorious and faithful services during the war.

AMERICAN PHARMACEUTICAL ASSOCIATION.—The thirteenth annual meeting of this Association will be held in this city on Tuesday, Sept. 5th, commencing at 3, P.M., at the rooms of the Massachusetts College of Pharmacy, Temple Place.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, AUGUST 19TH, 1865.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	51	51	102
Ave. mortality of corresponding weeks for ten years, 1853-1863,	54.8	49.3	104.1
Average corrected to increased population	00	00	114.86
Death of persons above 90	0	0	

DEIED.—At Parsonfield, Me., Dr. Moses Sweat, in the 77th year of his age.

DEATHS IN BOSTON for the week ending Saturday noon, August 26th, 102. Males, 51—Females 51. Accident, 5—Inflammation of the bowels, 2—Disease of the brain, 1—Inflammation of the brain, 1—Bronchitis, 1—Cholera infantum, 20—Cholera morbus, 1—Consumption, 18—Croup, 1—Cyanosis, 1—Debility, 1—Diabetes, 1—Diarrhoea, 2—Dropsy, 3—Dropsy of the brain, 3—Drowned, 1—Dysentery, 11—Typhoid fever, 4—Typhus fever, 1—Disease of the heart, 3—Infantile disease, 1—Insanity, 1—Disease of the liver, 1—Inflammation of the lungs, 2—Marasmus, 2—Old age, 2—Paralysis, 2—Puerperal disease, 1—Purpura hemorrhagica, 1—Disease of the spine, 1—Tumor, 1—Unknown, 5—Whooping cough, 1.

Under 5 years of age, 44—between 5 and 20 years, 9—between 20 and 40 years, 17—between 40 and 60 years, 15—above 60 years, 17. Born in the United States, 72—Ireland, 20—other places, 10.